

PARENTAL PRIOR WRITTEN NOTICE

SCHOOL DISTRICT:

DATE SENT:

STUDENT NAME:

PURPOSE OF THIS NOTIFICATION

This notice is being provided to you for the following reason(s): (Check all that apply)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Referral for an evaluation |
| <input type="checkbox"/> | Evaluation of your student's special education and/or related service needs |
| <input type="checkbox"/> | A discussion of your student's evaluation results |
| <input type="checkbox"/> | Determination of your student's eligibility for special education or special education and related services |
| <input type="checkbox"/> | Reevaluation of your student's continued need for special education or special education and related services |
| <input type="checkbox"/> | Development of an Individualized Education Program for your student |
| <input type="checkbox"/> | Determination of the educational placement for your student |
| <input type="checkbox"/> | Amendment of your student's Individualized Education Program |
| <input type="checkbox"/> | A change in the special education or special education and related services now being provided to your student |
| <input type="checkbox"/> | Planning for a transition to adulthood program as part of your student's Individualized Education Program |
| <input type="checkbox"/> | Other issues, specifically: |

☐ For the reason(s) noted above, the district proposes to initiate/change the following course of action:

☐ For the reason(s) noted above, the school district is declining to initiate/change the following course of action: _____

The reason(s) why this course of action is being proposed or declined: _____

The following options and programs were considered by the district and for the reasons noted here, they were rejected: _____

The following school district reports, observations, records, academic tests, evaluations, or developmental screening activities provide the basis for the school district's decision. Also listed here are the types of assessments or reports the district proposes to use to determine your child's eligibility/continuing eligibility for special education or the appropriate educational program for your student: _____

Noted below are other factors which relate directly to the actions the district plans to take or actions the district declines to take. _____

☐ Please sign, date and return this consent for evaluation/reevaluation form.

CONSENT FOR EVALUATION OR REEVALUATION

ARSD 24:05:13:01. Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

Parent Signature: _____ Date signed: _____

At the school district's request and for reasons which I agree to, I am willing to extend the 25 school day timeline for the completion of all my student's assessments to: _____(Date)
_____(Initials)

PROPOSED MEETING ARRANGEMENTS

We will be meeting as an team to discuss your student's educational program on the following date and time: **Date** - _____ **Time** - _____. We will be meeting at the following **Location**: _____. We have invited the following people to be present at this team meeting:

If the purpose of our meeting is the consideration of transition to adulthood services for your student, we will be inviting _____(student) to attend the meeting. Representatives from the following agencies will also be invited to attend this meeting:

Parents may invite other individuals who have knowledge or special expertise regarding their child, including related services personnel as appropriate.

I wish to hold this meeting as soon as possible and want to waive the mandatory 5 day prior notice requirement: (Parent's initials) _____ (Date)_____

CONSENT TO EXCUSE TEAM MEMBER

ARSD 24:05:13:01. Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

Parent Signature: _____ Date signed: _____

Parents and school district agree to excuse the following team member/s attendance at the IEP meeting. If required, any excused team member will provide written input to be used to develop the IEP. List excused team member/members below:

Excused Member	Curriculum or Related Service Area	Excusal Approved	Written Input Received

If these arrangements are not convenient for you, please call us at the number listed below.

Please call _____ at telephone number _____

between the hours of _____ and _____ if you have questions or concerns.

If you need assistance with the completion of this form or to understand the meaning of this form and its contents, please contact the person noted above at the phone number provided. The information provided on this form will remain confidential.

This parental notice/consent form was received by the district on: _____(Date)
Upon request parents may receive a copy of the procedural safeguards.